

March 27, 2020

**Developmental Disabilities Division  
Coronavirus (COVID-19) Appendix K**

**DD Traditional IID/DD Home and Community Based Services Waiver  
Questions & Answers**

**Purpose of Appendix K**

An Appendix K is a standalone appendix to the state Medicaid Plan that may be utilized during emergency situations to request an amendment to its approved waiver. These changes are time limited and tied specifically to individuals impacted by the emergency.

The proposed effective date of the Appendix K for the DD Traditional IID/DD HCBS Waiver is 3/1/2020 to 45 days after the federal declaration expires.

**Service Delivery**

**Q1 Can a provider deviate from the service authorized on the ISP? For example, my client is authorized for small group employment, but is unable to attend the service in their traditional setting.**

Yes, if a provider is unable to provide the service in the traditional setting, but they are still providing service to the client, they will be able to bill for the service currently authorized in the ISP. The service delivery may deviate from the service description.

In this example, the provider will still bill for small group employment, however the service delivery may resemble day habilitation and be provided in the home. We encourage providers to collaborate and utilize those day hab/small group/pre-voc staff in the other settings if possible.

The service location may include hotels, shelters, churches, etc. in and out of state in order to meet the health and safety needs of the individual. Additionally, the HCB setting requirement is suspended during this time.

**Q2 Can the service activity or location vary outside the scope in the current waiver?**  
Yes, this will be allowed for the following services:

- Day habilitation
- Prevocational services
- Small group employment
- Individual employment

**DEVELOPMENTAL DISABILITIES**

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**Q3 Can services be provided virtually or via telephone?**

Yes, this will be allowed for the following services:

- Infant development – if the family still wants service but doesn't want staff in their home, we will allow virtual visits. This may apply to the 4 pay points. **The initial evaluation may be done remotely however it must be done via video technology so that the child can be observed.**
- Independent habilitation, individual employment & parenting support – will be allowed on a case by case basis and only for situations that require verbal cuing or instruction. The team must agree that this is appropriate, and that the client's health and safety can still be met. Providers will only be able to bill for the time they are interacting with the client. In individual employment this may be appropriate if the community employer does not allow a job coach on site.

During the COVID-19 nationwide public health emergency, providers may, in good faith, provide the approved services using technology that is not compliant with HIPAA, provided it is non-public facing.

**Q4 Can in home support be provided during school hours?**

Yes, if the school is not providing IDEA services, in home supports can occur during this time, however the family will need to work within their current authorized hours. There may need to be exceptions, but this will be looked at on a case by case basis.

**Q5 Can a legal decision maker provide services?**

Yes, this will be allowed when the person is hired by the DD licensed provider in the following services:

- Residential Habilitation
- Independent Habilitation
- Day Habilitation
- Prevocational Services, and
- Small Group Employment.

The DD licensed provider agency is responsible for ensuring that services are provided, and billing occurs in accordance with requirements.

**DD program management & service planning**

**Q6 Can a provider or family request that the DDPM not be in person for their face to face visit?**

Yes, the DDPM can conduct this visit virtually or via telephone and will document the visit along with the reason in the progress note. They DDPM will still check in the progress note that a "face to face" occurred. DDPMs will be required to complete an on-site visit as soon as it is safe to do so.

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**Q7 Will there be any changes to the service planning process?**

The service planning process will remain the same; however, assessments (i.e. RMAP, self-assessment) may be conducted outside of the participant's home or by telephone to accommodate the changes in service needs.

Participants' team meetings and plan development may be conducted entirely using telecommunications.

Team meetings should occur as scheduled, however if one must be delayed, the current plan and services will remain in effect until the next plan can be completed.

Documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization. Upon validation that a verbal or email approval was provided for requested changes.

**Q8 Will providers be expected to continue with programming, data collection, and service implementation?**

Yes, to the best of their ability and using the resources available. If the provider is unable to perform these tasks, documentation should reflect that.

**Q9 Will providers & DDPMs be required to obtain signatures for meetings or ISPs that occur virtually or via telephone?**

No, verbal approval can be obtained, and the reason should be documented in the form. For IFSPs, once in person visits resume, signatures must be obtained.

**Policy**

**Q10 Will the current timelines for ANE and serious event reporting change?**

The timelines remain unchanged and notification to P&A's centralized intake must continue to occur.

**Q11 Will there be supplemental payments made to DD providers impacted by COVID-19?**

There may be a limited number of circumstances where supplemental payments to a limited number of DD providers may be considered. These payments would be for a limited range of services and would be determined on a case by case basis; all cases decisions would be based on an analysis of factors directly related to the exigent and limiting realities of the emergency.

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**Q12 Will providers need to request an increase in their license if they make temporary changes to the occupancy?**

Maximum number of participants served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as evacuation sites, if the participants health and safety needs can be met.

If the occupancy change is not related to addressing COVID-19 related issues or will continue after the termination date of the Appendix K, the provider must request a change following regular requirements.

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